



VPK Parents:

To register your child for the **Vpk School Year Program** which begins in **August** your child must be four years old by September 1st

Parents must apply online at the following link: <https://familyservices2.floridaeearlylearning.com>

If you can not scan the documents into your application, you may apply in person at the Coalition office.

You may use any of the following to assist you in your online application: Public School System, a VPK Program Provider or at the Early Learning Coalition.

When applying online you will need to follow the procedures below:

1. Create your account.
2. Activate your account.
3. Complete application.
4. Upload documentation, see list below of acceptable documents below.
5. Submit application.
6. Once application is approved you will then log back into your account and print your Certificate of Eligibility and sign and date it (the parent who is listed on the application) which will be taken it to the VPK Program Provider you have selected for your child.
7. Contact your selected VPK Program Provider to find out what their process is for their program.

Note: You must upload the two required documents before your application is complete for you to be able to submit your application.

Documentation that will be acceptable:

Proof of birth: (one from list below)

- a. Child's Birth Certificate Florida
- b. Up to date shot record or physical (*signed by doctor/nurse*)
- c. U.S. Passport
- d. Valid child's military ID
- e. Certified copy of Child's Certificate of Baptism
- f. Life Insurance for child within 2 years

Proof of Florida Residency: (one from list below)

- a. Current Utility Bill
- b. Current Pay Stub
- c. Current Property Tax
- d. Military Orders
- e. Rental Lease (must have landlord's signature)
- f. Valid driver's license or state ID card with current address



The Early Learning Coalition will review your online application, and once your application has been approved you will receive an email instructing you to log back into your account to print your Certificate of Eligibility to take to VPK Program Provider you have selected for your child.

If you need assistance VPK walk-in hours are: MONDAY - THURSDAY 9:00AM - 3:00PM

Contact person: Hope Wilson, VPK Eligibility Coordinator (850)607-8556 email: hwilson@elcescambia.org

Amazing Grace Christian Preschool

VPK Attendance Policy (4 year olds)

- Absences from Preschool

An excusable absence is an absence:

- That is caused by the illness of a student, serious illness or death in the family.
- That has the sanction of both parents/guardians and preschool. This agreement must be made prior to the absence.
- That the director deems excusable because of unusual circumstances.
- For religious holiday – the preschool must have prior notice of the absence.
- Each absence must be explained. Please provide written documentation of the reason upon the student returning to preschool.
- Upon receiving written notification from the parent/guardian for absences of no more than five(5) consecutive days or a total of ten (10) days in a period of ninety (90) calendar days. Absences related to an illness or injury of the student shall be excused.
- Any student that accumulates more than 20% of the 540 hours (27 days) in absences will not be allowed to participate in the VPK program. The preschool has the right to terminate the child from the VPK program, if they choose.
- The Head Lice Management Plan is enforced to keep a student in school and free of head lice. Students will be temporarily excluded from preschool and must perform head lice treatment. When the treatment is completed, students may return to preschool after being cleared by the director .



Page 1 of 2

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian_____
Date

Permission to Share Child's information with Class Teachers

(Sign)

Your email address _____

How did you hear about us _____

Church you/your child attend _____

5/2019



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

_____ LAST NAME PARENT OR GUARDIAN	_____ FIRST NAME CHILD'S SS# (optional)	_____ MI STATE IMMUNIZATION ID# (optional)	_____ DOB (MO/DA/YR)
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Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us.disease_ctrl/immune/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H,	_____	_____	_____	_____	_____
	I	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	_____
	J	Rubella (dose 1)	Rubella (dose 2)	_____	_____	_____
Hepatitis B	K	_____	_____	_____	_____	_____
Varicella	L	_____	_____	_____	_____	_____
Varicella Disease		_____	_____	_____	_____	_____
PneumoConju		_____	_____	_____	_____	_____

Select appropriate box(es)

Certificate of Immunization for K-12

☐ Part A-Complete

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade (and for grades kindergarten through 12.) I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

☐ Temporary Medical Exemption Expiration date: _____

☐ Part B-Temporary

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) Invalid without expiration date. DOE Code 2

☐ Permanent Medical Exemption

☐ Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name _____

Physician or
Authorized Signature: _____

Issued By: _____

Date: _____



STATE OF FLORIDA
School Entry Health Exam

Page 1 of 3

To Parent/Guardian: Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)	DOB Date	Sex
Address (Street)	School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian Last, First, Middle

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or medical/functional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insect, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medications (daily or occasionally)?
5. Yes ☐ No ☐ Any problems with vision, including watching screens, contacts, or bifocals, tearing and/or?
6. Yes ☐ No ☐ Any hospitalization, operation, or surgery (illness related to problems)?
7. Yes ☐ No ☐ Any significant injury or accident (seizure problem)?
8. Yes ☐ No ☐ Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

I, the parent/guardian of the child named above, give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

BY _____

Signature of Parent/Guardian

Date _____

Partnership for School Readiness Recommendations for Preschool/Kindergarten and Intervention:

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to assess or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ to check eyes Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Vision - Without Glasses	Right 20/	Left 20/	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/	Left 20/	Failed <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx:
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx:
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx:
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx:
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx:
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx:

TB risk assessment done ☐ (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify:

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- ☐ This child may participate fully in school activities including physical education.
☐ This child may participate in school activities including physical education with the following restriction/adaptation.
(Specify reason and restriction)

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

Office Use Only

Class _____

Days M T W Th

Registration

& Supply Fees

Amt. Paid _____

Balance _____

Amazing Grace Christian Preschool**Registration Acknowledgment**

Child's Name _____

Parent's Names _____

Address _____

City/Zip code _____ Phone _____

Hours attending: From _____ a.m. To _____ p.m. **Early Drop off @ 8 a.m.** _____ (check)**Late Care** until 2 p.m.

_____ (check)

By signing below you verify that you have received the following:

- 1) A written copy of the Parent's handbook (online) _____ initial (discipline policy)
- 2) A copy of Know Your Child's Daycare Center _____ Initial
- 3) Received a brochure on Influenza Virus _____ Signature

Signature _____ (person enrolling child)**Days Child is attending** 2 days _____ 3 days _____ 4 days _____ (2 & 3 yr. olds)

VPK (4's) _____ (M-Th)

License #CO1ES0020

Permission Slip

I give _____ permission to ride on the Hay Ride at Amazing Grace Christian Preschool during our Fall festival. The Hay Ride is on the premises of Grace Lutheran Church. The children will have adult supervision on the hay ride. Also, I grant permission to take nature walks and other related activities with my teacher and class during the preschool day as planned by my teacher.

Date: _____ **While enrolled at Amazing Grace Christian Preschool**

Parent signature _____

Amazing Grace Christian Preschool

VPK Attendance Policy

VPK ATTENDANCE POLICY

Parents / Guardians of children enrolled in a VPK class must comply with the VPK Attendance Policy. Because VPK is a state-funded program, there are rules and regulations set by the state that both the provider and the parents / guardians must follow. Please read the information below.

1. SIGN IN / ATTENDANCE VERIFICATION

Daily: Your child must be signed in upon arrival and signed out at dismissal every day by the adult who drops off and/or picks up. Arrival and dismissal time must be recorded at the time the child enters/exits the classroom. The time and **full signature** (no initials or abbreviations permitted) must be written **legibly** on the attendance sheet.

Monthly: At the end of each month, you will be required to sign a "*Student Attendance and Parental Choice Certificate*" that confirms that your child has been in the program during the month and that you wish your child to continue in the program at this school.

2. ATTENDANCE / ABSENCE:

Regular attendance is required in this program. It is important that your child attends every day in order to receive the maximum benefit of this program so that your child is prepared to succeed in kindergarten. The times of our VPK Program hours are 9 am to 1 pm Monday through Thursday. Drop off time begins at 9 am.

If your VPK child is absent please send written documentation (reason for absence, doctor's note, etc.) to Director. VPK students should meet the attendance requirement set by the state (80% of the program year). If this is not met, then he/she may be dismissed from the program.

3. LATE PICK UP

Dismissal time is 1 pm. After this, any remaining VPK children will be sent to aftercare for pick up. Parents are responsible to pick up their child in a timely manner. After 1 pm late pick up violation, aftercare fees will apply of \$1 per minute after 1:05 pm.

4. TRANSFER

Should you decide at any time after the start of the VPK program to reenroll your child with another provider, it is the parent's responsibility to notify the director at Amazing Grace Christian Preschool. Each child is allowed one transfer during the VPK Program.

VPK Attendance Policy

I have received a copy of the _____ VPK Attendance Policy.

Child's Name: _____

Parent's/Guardian's Name (printed): _____

Parent's/Guardian's Signature: _____ Date _____

Amazing Grace Christian Preschool

6601 N. 9th Ave.

Pensacola, FL 32504

505-7735

DISCIPLINE POLICY

Section 10M-12.013 Florida Statutes requires that parents and/or legal guardians be notified in writing of the disciplinary practices used by the child care facility providing services. Amazing Grace Christian Preschool's disciplinary policy is as follows:

In an attempt to cultivate and foster the feeling of tolerance, fairness and security, the staff of Amazing Grace Christian Preschool will provide praise, encouragement and constructive criticism to all children at all times. We believe that discipline should be a positive and constructive process that aids in the development of your child.

If, however, the need for negative reinforcement should arise, the following procedures will be used for all children. The child will be reprimanded verbally in a positive manner and if the care giver feels that incident warrants further correction, he/she may require the child to be placed in "time out" to consider his/her actions. "Time out" is defined as requiring the child to sit alone for a limited period of time (general rule: 1 minute per age of the child ex: 2 yr. old for 2 min.) Also, other methods of discipline include redirection, distraction, conflict resolution, positive reinforcement, modeling with "time out", as a last resort (as written in our parent handbook).

At NO time will an employee of Amazing Grace administer any type of corporal punishment.

At NO time will punishment be related to the provision of food, drink, nap or toilet privileges.

At NO time will any parent be permitted to administer any type of corporal punishment while on the premises of Amazing Grace.

Parent/Legal Guardian's signature below verifies and affirms that he/she has read and understands the discipline policy of Amazing Grace and agrees to abide by such which the child is in our care.

Parent/Legal Guardian

Amazing Grace Christian Preschool

6601 N. 9th Avenue

Pensacola, FL 32504

Phone: 505-7735

Parent/Legal Guardian Release

**The undersigned hereby certify that he/she is the parent/legal guardian
of _____ and has the authority to sign the following statement.**

By enrolling the above named child in Amazing Grace Christian Preschool (hereafter called "the facility") the parents/legal guardians agree to hold harmless, defend and indemnify the facility from any and all claims, damages, injuries, losses, causes of action and demand, and all costs and expenses incurred in connection with the enrolled participant of the above named child in the facility, negligence of the facility, its employees, agents, or any and all other parties. The undersigned acknowledges that he/she has reviewed the facility and its program and consents to the named child participating in the program and using the facilities. In the event the above named child is injured or becomes ill while in attendance at the facility, consent is hereby give and granted to provide emergency treatment, as deemed necessary, by a physician/emergency personnel until such time as other appropriate measures can be arranged by the parent/legal guardian. The parent/legal guardian agrees to assume any and all costs that may be incurred for such emergency treatment.

Parent/Legal Guardian Signature _____ Date _____ 20 _____

Address _____ City/State _____ Zip Code _____

Emergency Pick-Up Name/Relationship _____ Phone _____

Hospital of Choice

Sacred Heart _____ West Florida _____ Baptist _____

Please Specify by checking next to the above listed

Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(c)2, F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

_____ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form **will** remain in effect **during** the term of my child's enrollment.

(Parent or Guardian)

(Date)

Media Release Form

I, hereby, authorize permission for Amazing Grace Christian Preschool to create, release and/or reproduce my child's picture, and/or likeness, and release and/or reproduce my child's artwork and creative writing for preschool purposes, and to be displayed on the church website, bulletin boards etc. Please note that your child's name will NOT appear in conjunction with your child's photograph (on the website) at any time.

We, also, use preschool pictures for the VPK 4 year old graduation program to share with our friends and family attending the program.

Please print Child's name

Please print Parent/Guardian's Name

Address

City/State/ Zip code

Parent/Guardian Signature

Date

This form is valid for the entire time (that of the above named child) attends Amazing Grace Christian Preschool, unless the Director is notified differently in writing.

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health



INFLUENZA VIRUS

"The Flu"
A Guide
for Parents

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



FACTS ABOUT HEATSTROKE:

It only takes a car 10 minutes to heat up 20 degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.

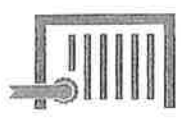


! PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.

- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

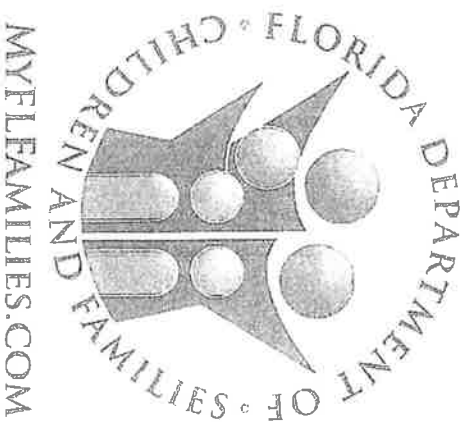
Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

A change in daily routine,
lack of sleep, stress, fatigue,
cell phone use, and simple
distractions are some things
parents experience and can be
contributing factors as to why
children have been left
unknowingly in vehicles...

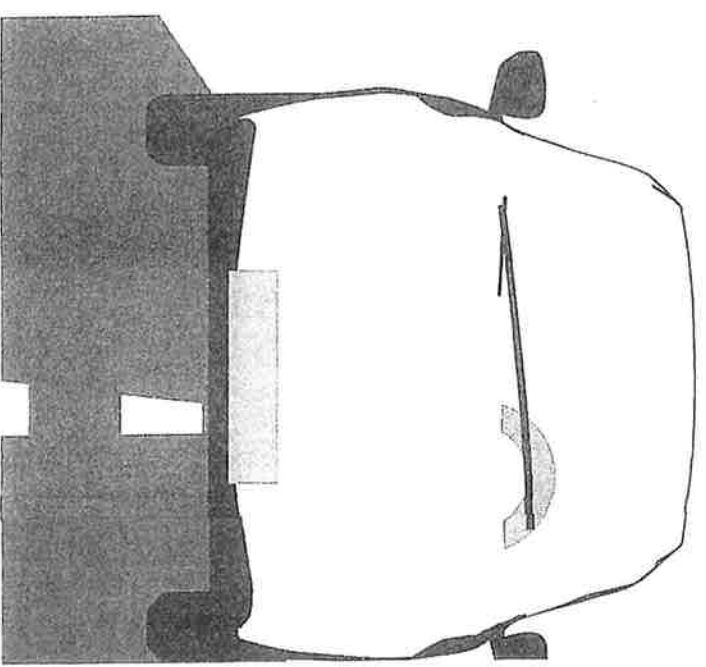


Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2019

When life happens...Don't be a
**DISTRACTED
ADULT**



Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License issued on ____/____/____

License Expires on ____/____/____

For more information regarding the compliance history of this child care provider, please visit:

MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATORY
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the
Florida Department of Children and Families,
Office of Child Care Regulation and Background Screening
pursuant to s. 402.312(5), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- ☐ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- ☐ Maintain accurate records that include:
 - Children's health examination/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equip with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.

